




# KANSAS DEPARTMENT OF CORRECTIONS

	<b>INTERNAL MANAGEMENT POLICY AND PROCEDURE</b>	SECTION NUMBER	PAGE NUMBER
		10-129	1 of 2
<b>Approved By:</b>  <b>Secretary of Corrections</b>		<b>SUBJECT:</b>  <b>PROGRAMS AND SERVICES: Inmate and Parolee Responsibility for Payment for Certain Programs and Services</b>	
		<b>Original Date Issued:</b> <span style="float: right;"><b>11-18-92</b></span>	
		<b>Current Amendment Effective:</b> <span style="float: right;"><b>01-07-01</b></span>	
		<b>Replaces Amendment Issued:</b> <span style="float: right;"><b>11-07-95</b></span>	
<b>Reissued By:</b>  <b>Policy &amp; Procedure Coordinator</b>		The substantive content of this IMPP has been reissued as per the appropriate provisions of IMPP 01-101. The only modifications within the reissue of this document concern technical revisions of a non substantive nature.  <b>Date Reissued:</b> <span style="float: right;"><b>01-07-11</b></span>	

## POLICY

Prior to the placement of an inmate/parolee in a treatment program for which the inmate/parolee or his/her responsible relative may be financially responsible, the inmate/parolee shall be advised of the possible payment responsibilities and billing procedures.

## DEFINITIONS

Co-payment: A situation where payment responsibility is shared between an inmate/parolee and the Department of Corrections.

Responsible Relative: Spouses, parents of minor children, and conservators of inmates' estates or any person bound by law to support the inmate.

## PROCEDURES

### **I. Inmate Programs and Services**

- A. Responsibility for advising the inmate of payment responsibilities shall rest with the inmate's unit team.
- B. The inmate shall be informed that:
  1. Payment for treatment is not related to and will not impact the inmate's sentence;
  2. Ability/inability to pay will not impact the inmate's parole eligibility; and,
  3. The Department does not receive copies of financial and medical insurance information provided nor any portion of payments except for those received under the provisions of K.A.R. 44-5-115.
- C. If the program or service to be provided is mental health treatment at the LSH Security Unit, the inmate shall be advised by unit team personnel of the LCMHF (see IMPP 10-132).
  1. Upon transfer of the inmate to LSSH, the inmate's responsible relative shall be notified in writing by the LCMHF classification administrator or designee.

- a. The form letter shown as Attachment A (Form #10-129-001) of this IMPP shall be used for this notification.
2. Female inmates transferred directly to the LSH Security Unit shall be advised by unit team personnel of the sending facility.

## **II. Parolee Programs and Services**

- A. Responsibility for advising parolees of any possible payment or co-payment responsibilities shall rest with the supervising parole officer.

**NOTE:** The policy and procedures set forth herein are intended to establish directives and guidelines for staff and offenders and those entities who are contractually bound to adhere to them. They are not intended to establish State created liberty interests for employees or offenders, or an independent duty owed by the Department of Corrections to either employees, offenders, or third parties. Similarly, those references to the standards of various accrediting entities as may be contained within this document are included solely to manifest the commonality of purpose and direction as shared by the content of the document and the content of the referenced standards. Any such references within this document neither imply accredited status by a Departmental facility or organizational unit, nor indicate compliance with the standards so cited. The policy and procedures contained within this document are intended to be compliant with all applicable statutes and/or regulatory requirements of the Federal Government and the state of Kansas. This policy and procedure is not intended to establish or create new constitutional rights or to enlarge or expand upon existing constitutional rights or duties.

### **REPORTS REQUIRED**

None.

### **REFERENCES**

K.S.A. 59-2006  
K.A.R. 44-4-115  
IMPP 10-132

### **ATTACHMENTS**

Attachment A - Form letter Advising of Larned State Hospital Payment Responsibilities, 1 page

Date

Person  
Address  
Address  
City, State Zip

RE: Name (KDOC Number)

Dear \_\_\_\_\_:

I am writing to notify you that \_\_\_\_\_ (Name, KDOC #) was transferred to the Larned State Hospital (LSH) in Larned, Kansas, on \_\_\_\_\_ (Date) for mental health services or program reasons. Within the next few weeks, you will receive a letter from the Reimbursement Officer at Larned State Hospital, requesting financial and medical insurance information.

Kansas law, K.S.A. 59-2006, requires the Department of Social and Rehabilitation Services (SRS) to request this information from every patient's responsible relative in order to assess ability of the patient or responsible relative to pay for treatment received at any State hospital, regardless of the reason for admission. SRS is required by law to seek to recover charges for a person who has been "committed to, admitted to, transferred to, or received as a patient" at the State hospital whether for substance abuse program or mental health services. Even though \_\_\_\_\_ (Name, KDOC #) is still in the legal custody of the Secretary of Corrections, the law requires that the SRS must request this information from the inmate's responsible relative. The information you supply to the State Security Hospital will not affect the fact that \_\_\_\_\_ (Name, KDOC #) will receive the appropriate treatment program for which said inmate was transferred. Whether you are a responsible relative for purposes of this law will have to be addressed to the Department of Social and Rehabilitation Services.

Payment for treatment is not related to the inmate's sentence, nor will it alter the inmate's parole eligibility. The Department of Corrections will not receive a copy of the form, is not involved in any payment procedure, and is not the recipient of any payments made to LSH or SRS. Failure to complete the request for information could result in SRS pursuing legal action to recover charges for \_\_\_\_\_ (Name, KDOC #) treatment.

Sincerely,

Classification Administrator

XXX:xxx

cc: Joel Lewis, LSSH  
Inmate File